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**DECLARATION
AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing ☒ Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)
OR

Attorney Docket Number JJM5002USPCT

First Named Inventor Breda M. Cullen

COMPLETE IF KNOWN

Application Number 10/527,421

I.A. Filing Date 09/10/2003

Group Art Unit 3743

Examiner Name N/A

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WOUND DRESSING MATERIALS COMPRISING COMPLEXES OF ANIONIC POLYSACCHARIDES WITH SILVER
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **09/10/2003** as United States Application Number or PCT International Application Number **PCT/GB03/03898** and was amended on (MM/DD/YYYY) ☐

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
PCT/GB03/03898 0221062.3	PCT GB	09/10/2003 09/11/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/414,381	09/30/2002	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 --		Place Customer Number Bar Code Label Here
AND		
<input type="checkbox"/> Practitioner(s) named below: <u>Name</u> <u>Registration Number</u>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Blossom E. Loo at telephone number (732) 524-1596.		
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 000027777 OR <input type="checkbox"/> Correspondence address below		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Breda M. Family Name or Surname Gullen

Inventor's Signature Breda Gullen Date 15/11/05

Residence: City Skipton GBX State North Yorkshire Country UK Citizenship UK

Mailing Address 7 Consort Street

City Skipton State North Yorkshire ZIP BD23 1HR Country UK

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NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Deborah Family Name or Surname Addison

Inventor's Signature D. Addison Date 10/11/05

Residence: City Keasden GBX State Clapham Country UK Citizenship UK

Mailing Address 2 Dovenanter Cottage

City Keasden State Clapham ZIP LA2 8HB Country UK

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NAME OF THIRD INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) David Family Name or Surname Greenhalgh

Inventor's Signature _____ Date _____

Residence: City Skipton GBX State North Yorkshire Country UK Citizenship UK

Mailing Address 22 Tile Close

City Skipton State North Yorkshire ZIP BD23 2LG Country UK

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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Breda M.		Family Name or Surname Cullen	
Inventor's Signature		Date	
Residence: City Skipton	State North Yorkshire	Country UK	Citizenship UK
Mailing Address 7 Consort Street			
City Skipton	State North Yorkshire	ZIP BD23 1HR	Country UK
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Deborah		Family Name or Surname Addison	
Inventor's Signature		Date	
Residence: City Keasden	State Clapham	Country UK	Citizenship UK
Mailing Address 2 Dovenanter Cottage			
City Keasden	State Clapham	ZIP LA2 8HB	Country UK
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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) David		Family Name or Surname Greenhalgh	
Inventor's Signature <i>D. Greenhalgh</i>		Date 10 November, 2005	
Residence: City Skipton	State North Yorkshire	Country UK	Citizenship UK
Mailing Address 22 Tile Close			
City Skipton	State North Yorkshire	ZIP BD23 2LG	Country UK

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <u>Alicia</u>		Family Name or Surname <u>Essler</u>		
Inventor's Signature <u>[Signature]</u>		Date <u>10/11/05</u>		
Residence: City <u>Skipton</u> <u>GBX</u>		State <u>North Yorkshire</u>	Country <u>UK</u>	Citizenship <u>UK</u>
Mailing Address <u>17B Walton Street</u>				
City <u>Skipton</u>		State <u>North Yorkshire</u>	ZIP <u>BD23 2QX</u>	Country <u>UK</u>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <u>Sarah-Jayne</u>		Family Name or Surname <u>Gregory</u>		
Inventor's Signature <u>[Signature]</u>		Date <u>8/11/05</u>		
Residence: City <u>Guisley</u> <u>GBX</u>		State <u>Leeds</u>	Country <u>UK</u>	Citizenship <u>UK</u>
Mailing Address <u>58 Moorland Crescent</u>				
City <u>Guisley</u>		State <u>Leeds</u>	ZIP <u>LS20 9EF</u>	Country <u>UK</u>

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